Your 2024
Prescription Drug Program

UPMC *for You*
Affiliate of UPMC Health Plan

UPMC *for You* Nondiscrimination Notice

UPMC *for You* complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

UPMC *for You* does not exclude people or treat them differently because of their race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

UPMC *for You* provides free aids and services to people with disabilities so that they can communicate effectively with us. Aids and services may include:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, and other formats).

UPMC *for You* provides free language services to people whose primary language is not English. Language services may include:

- Qualified interpreters.
- Information written in other languages.

If you need these services, contact **UPMC *for You*** at **1-800-286-4242 (TTY: 711).**

If you believe that **UPMC *for You*** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation, you can file a complaint with:

UPMC *for You*
Complaints and Grievances
PO Box 2939
Pittsburgh, PA 15230-2939
Phone: 1-800-286-4242 (TTY: 711)
Fax: 412-454-7920
Email: HealthPlanCompliance@upmc.edu

The Bureau of Equal Opportunity
Room 223, Health and Welfare Building
PO Box 2675
Harrisburg, PA 17105-2675
Phone: 717-787-1127 (TTY: 711)
Fax: 717-772-4366
Email: RA-PWBEOAO@pa.gov

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, **UPMC *for You*** and the Bureau of Equal Opportunity are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Ave. SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019 (TTY: 1-800-537-7697)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

Translation Services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-286-4242 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-286-4242 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-286-4242 (телетайп: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-286-4242 (TTY：711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-286-4242 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-286-4242 (رقم هاتف الصم والبكم: 711).

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-286-4242 (टिटिवाइ: 711) ।

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-286-4242 (TTY: 711) 번으로 전화해 주십시오.

សម្គាល់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ យើងមានផ្តល់សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ។ សូមទូរស័ព្ទទៅលេខ 1-800-286-4242 (TTY: 711)។

ATTENTION :Si vous parlez français, des services d'aide linguistique vous sont proposes gratuitement. Appelez le 1-800-286-4242 (ATS: 711).

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-800-286-4242 (TTY: 711) သို့ ခေါ်ဆိုပါ။

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-286-4242 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-286-4242 (TTY: 711).

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-800-286-4242 (TTY: 711)।

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-286-4242 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-286-4242 (TTY: 711).

The information in this UPMC *for You* formulary is current as of Dec. 11, 2023.

To find the most current list of drugs that are covered by UPMC *for You*, visit **upmchealthplan.com/find-a-medication/default.aspx#medication.** If you have any questions, please call **1-800-286-4242 (TTY: 711).** The UPMC *for You* Health Care Concierge team is available Monday, Tuesday, Thursday, and Friday from 8 a.m. to 6 p.m. and Wednesday from 8 a.m. to 8 p.m. Please be advised that representatives are available after normal business hours to respond to member inquiries.

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Overview

Your prescription drug program

UPMC *for You* has a list of preferred medications, called a formulary. The formulary includes prescription drugs that are approved by the Food and Drug Administration (FDA). UPMC *for You* doctors and pharmacists developed this list. The drugs on the formulary were chosen because they are safe, work well, and cost less than other drugs that have the same level of effectiveness.

UPMC *for You* must also use the Pennsylvania Medical Assistance Statewide Preferred Drug List (PDL), as required by the state Department of Human Services (DHS), for certain medication classes. The statewide PDL is a list of drugs and drug classes developed by DHS.

The UPMC *for You* formulary and the Pennsylvania Medical Assistance Statewide PDL may not include every drug your doctor might prescribe. Also, some drugs may be covered under your medical benefits. To find out if your medication is covered, ask your pharmacist or call the UPMC *for You* Health Care Concierge team at **1-800-286-4242 (TTY: 711).**

Your doctor should prescribe you medications that are preferred on the UPMC *for You* formulary and the Pennsylvania Medical Assistance Statewide PDL. Preferred medications are the drugs for which UPMC *for You* provides coverage (pays for). A nonpreferred medication is one that requires a medical exception. If your doctor writes you a prescription for a nonpreferred drug, they will need to contact Pharmacy Services at **1-800-979-UPMC (8762)** for a medical exception. Representatives are available Monday through Friday from 8 a.m. to 5 p.m. You will not be able to get the medication until UPMC *for You* authorizes the exception.

There are some preferred medications that still need to be approved by UPMC *for You*. This is called prior authorization. The medication your provider asks for must be reviewed for medical necessity before the prescription can be filled. This means we need to understand why the medication is needed to treat your specific condition. All requests for medications that require prior authorization are reviewed by the UPMC *for You* Pharmacy Department. Decisions to approve or deny a medicine will be made within 24 hours of receiving the request. If the request is denied, you will receive a letter explaining the reason for the denial. The letter will also tell you how to file a grievance if you are not satisfied with the decision. For more information about how to file a grievance, see your member handbook.

You can get some over-the-counter medications when your doctor writes a prescription for them.

If you have any questions, please call the UPMC *for You* Health Care Concierge team.

Pharmacy copayments

Some members may need to pay a small amount to the pharmacy for their medications. This is called a *copayment*. Your pharmacist will let you know if a copayment applies to you.

If you need a medication and cannot pay the copayment amount at the time you pick up the prescription, the pharmacy will give you the prescribed medication and bill you for the copayment. You will still owe the pharmacy the copayment for that prescription, and the pharmacy will require you to pay.

Copayment information

There is a $3 copayment for brand-name prescription and over-the-counter medicines, as well as refills of brand-name drugs.

There is a $1 copayment for generic prescription and over-the counter medicines, as well refills of generic drugs. *Drugs dispensed by a physician are excluded from copayments. This includes immunizations (shots).*

You do not have to pay a copayment for any of the following drugs:
- Anti-convulsants (epilepsy)
- Anti-depressants (depression)
- Anti-diabetics (diabetes)
- Anti-glaucoma agents (glaucoma)
- Anti-hypertensives (high blood pressure)
- Anti-neoplastics (cancer)
- Anti-Parkinson's agents (Parkinson's disease)
- Anti-psychotics (psychosis)
- Cardiovascular preparations (heart disease)
- HIV/AIDS drugs
- Opioid overdose drugs

If you have questions about copayments, please review your Schedule of Benefits by logging in to the UPMC Health Plan member site. You can also contact the UPMC *for You* Health Care Concierge team.

Plan exclusions

The following medications are not covered under the Medicaid program:

- Drug Efficacy Study Implementation (DESI) drugs (DESI drugs are classified by the FDA as being safe but not effective because these drugs did not have the appropriate studies done to prove they are effective.)
- Drugs from manufacturers that do not participate in the Medicaid Drug Rebate Program
- Erectile dysfunction medications
- Experimental/Investigational medications
- Drugs used for cosmetic purposes
- Drugs used for fertility purposes
- Over-the-counter drugs in the form of throat tablets, cough drops, chewing gum, mouthwashes, and similar items (except nicotine replacement products)
- Over-the-counter and prescription soaps, cleansing agents, mouthwashes, douche solutions, ear wax removal agents, deodorants, and other personal care items

Dispensing limitations

Prescriptions must be dispensed by a network pharmacy. Some network pharmacies can provide up to 90-day supplies of maintenance drugs for one copayment. Talk to your pharmacist or call the UPMC *for You* Health Care Concierge team to learn if your pharmacy can provide 90-day supplies.

- **A maintenance medication** is one that you take on a regular basis for a chronic or long-term condition. Antibiotics, controlled substances, and specialty medications are limited to a 30-day supply per copayment.
- **Controlled substances** are drugs with high abuse potential and have a schedule II-V classification according to the Drug Enforcement Agency (DEA) and FDA.

- **Specialty drugs** are high-cost medications used to treat complex diseases. These medications usually require specialized handling and close monitoring by a doctor.

Talk to your pharmacist or call the UPMC *for You* Health Care Concierge team to learn which drugs can be filled for a 90-day supply.

A medication may be refilled when 85 percent of the medication has been used. Refill authorizations for medications that are lost/misplaced, stolen, or destroyed/damaged must be reviewed by the UPMC *for You* Pharmacy Services Department.

Coverage and prior authorization review process

Your medication may require a review before UPMC *for You* will cover it. The following list indicates the different types of reviews UPMC *for You* conducts and the reasons each may be conducted.

- **Prior authorization:** Your medication must be reviewed for medical necessity.
- **Step therapy:** You must try another medication first unless your doctor provides records showing why you cannot use the other medication.
- **Nonformulary** (nonpreferred): You must try formulary (preferred) medications unless your doctor provides records showing why you cannot use the formulary medication.
- **Quantity limits:** You must receive the recommended amount of the medication unless your doctor provides records showing why you need additional medication.
- **Age restrictions:** You are in an age group for which the prescribed medication must be reviewed for medical necessity.
- **Therapeutic duplication:** You are on two or more medications in the same drug class.

If your medication requires a review, your doctor or other health care provider must contact Pharmacy Services.

Your doctor or health care provider can:

- Submit a request electronically via **upmc.promptpa.com.**
- Fax a prior authorization request form to Pharmacy Services at **412-454-7722.** Your doctor can find the form on the UPMC Health Plan website at **upmchealthplan.com/providers/medical/resources/forms/pharmacy-pa.aspx.**
- Call Pharmacy Services at **1-800-979-UPMC (8762)** for urgent requests. Representatives are available Monday through Friday from 8 a.m. to 5 p.m.

UPMC *for You* will respond to all requests for coverage or exception within 24 hours. You and your doctor will get a written notice of the decision. If the request is denied, the written notice will explain how to appeal the denial.

If you have been receiving the medication and your request is denied, you can file a complaint, grievance, or request for a fair hearing. If your request is hand-delivered or postmarked within 10 days of the written notice of the decision, you can get your medication while you wait for your appeal decision.

Additional information on how to file a complaint or grievance can be found in your member handbook.

Your medication may be approved for a certain time period. After that time, your doctor will need to make sure your medication is still covered.

Temporary supplies

If your medication requires prior authorization, the pharmacist may give you a 15-day supply if your prescription qualifies as an ongoing medication (one that you have been taking). If it is a new medication, the pharmacist may give you a 72-hour supply. If the pharmacist thinks that taking the requested medication alone or with other medications you are taking will hurt your health or safety, the prescribing provider will be contacted before the pharmacist gives you the medication.

Generic medications

The UPMC *for You* formulary requires you to receive generic medications when they are available. Generic drugs have the same active ingredients as their brand-name counterparts and are just as safe and effective. Doctors are encouraged to prescribe generic medications from the UPMC *for You* formulary whenever clinically appropriate. In most cases, if your doctor prescribes a drug by brand name, your pharmacist will give you a generic version of that drug. If your doctor thinks you need the brand-name version of a drug on the UPMC *for You* formulary, your doctor will need to call Pharmacy Services at **1-800-979-UPMC (8762).** Representatives are available Monday through Friday from 8 a.m. to 5 p.m.

The Pennsylvania Medical Assistance Statewide PDL may include both preferred brand-name and generic medications in certain drug classes. Your doctor should order medications for you that are preferred on the Pennsylvania Medical Assistance Statewide PDL.

Therapeutic interchange

The pharmacist who is filling your prescription may contact your provider for a verbal order of a therapeutic substitute for the medication that your provider prescribed. The verbal order acts as a new active prescription. Therapeutic substitution of a medication may be different from generic substitution. A therapeutic substitute cannot be dispensed without a new prescription from your provider. A new prescription is not required to dispense a generic-equivalent drug.

Pharmacies for prescriptions

UPMC *for You's* network has many participating pharmacies that can fill your prescription. You can call the UPMC *for You* Health Care Concierge team to find a participating pharmacy close to you. You can also go to **upmchealthplan.com/find** to look up the addresses of the participating pharmacies that are closest to you.

Specialty medications

Specialty drugs are high-cost medications that are used to treat complex diseases. These drugs often require specialized handling and close monitoring by a doctor. Most specialty drugs must be obtained through a participating specialty pharmacy because many retail pharmacies do not carry these types of drugs. When you use a specialty pharmacy, you can get mail delivery. Specialty pharmacies also improve care by providing access to health care professionals who are trained in the proper use of specialty drugs and can help you manage your drugs. These professionals include pharmacists and nurses.

You can call the UPMC *for You* Health Care Concierge team to learn which medications are considered specialty medications or go online to **upmchealthplan.com/find** to find a participating specialty pharmacy.

Complaints, grievances, and fair hearings

You have the right to appeal any denial by UPMC *for You* about the administration of the drug formulary through the complaints, grievances, and fair hearings processes described in the UPMC *for You* member handbook. To request this handbook or for information on the complaints, grievances, and fair hearings processes, please call the UPMC *for You* Health Care Concierge team. You can also go online to **medicaid.upmchealthplan.com/for-members/member-resources** to see a copy of the handbook.

Pharmacy benefit questions

If you have any questions about your pharmacy benefit, please call the UPMC *for You* Health Care Concierge team.

Step therapy

Step therapy is a process that requires you to try a different medication first before the one your provider prescribes will be covered. However, your prescribed medicine will automatically be covered if we have a record that you already tried the required step therapy medication. If there is no record that you've tried the required medication, your doctor must consult with UPMC *for You* Pharmacy Services before your pharmacy plan will cover the prescribed medication. Medications that require step therapy appear on the formulary with **ST** after the drug name.

Prior authorization

Some medications require additional information from your doctor. Your doctor is required to consult with UPMC *for You* Pharmacy Services the first time they prescribe these drugs for you. Your pharmacy plan will not cover those drugs until this has happened. Medications that require prior authorization appear on the formulary with **PA** after the drug name.

Age restriction

Some medications require prior authorization for patients of a certain age or in a certain age group. Your doctor must consult with UPMC *for You* Pharmacy Services the first time they prescribe these drugs for you. Your pharmacy plan will not cover the drugs until this has happened. Medications that require prior authorization for members of a certain age or age group appear on the formulary with **AR** after the drug name.

Therapeutic duplication

Some medications require prior information from your doctor if you are taking more than one medication from the same drug class. For example, if you are taking oxybutynin and tolterodine at the same time, prior authorization is required because both work the same way to treat the same condition.

Quantity limits

Quantity limits are drug-specific and limit the amount of certain drugs that can be dispensed in a specified period of time. These limits are based on the recommended dosing, clinical literature, and manufacturer's instructions. For some drugs, the dosing guidelines may recommend taking the drug one time a day in a larger dose instead of several times a day in smaller doses. The quantity limits follow established guidelines and cover one larger dose per day. For example, a prescription for tramadol (a pain reliever) is limited to 240 tablets per month, a prescription for Prolia is limited to two vials per year, and a prescription for quetiapine is limited to three tablets per day. Your doctor is required to consult with UPMC *for You* Pharmacy Services if you need more than the quantity limit of your medication. Quantity limits appear with **QL** after the drug name.

Over-the-counter medications

Some generic over-the-counter (OTC) medications are covered by UPMC *for You* with a prescription from your doctor. OTC medications appear with **OTC** after the drug name.

UPMC *for You* formulary list

The UPMC *for You* formulary list is organized by drug categories. It starts on page 3. The UPMC *for You* formulary index (an alphabetical drug list) starts on page 26.

Pennsylvania Medical Assistance Statewide Preferred Drug List

The Pennsylvania Medical Assistance Statewide PDL lists drugs by category according to how they work or how they are used for a certain condition or disease.

You can go online at **papdl.com/preferred-drug-list** to access the Pennsylvania Medical Assistance PDL and view the drugs and drug classes listed on the PDL to determine whether a drug is preferred or nonpreferred.

UPMC *for You* Formulary List

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List of abbreviations

AR: Age Restriction

OTC: Over-the-Counter. An OTC drug is a non-prescription drug.

PA: Prior Authorization. UPMC *for You* requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, UPMC *for You* limits the amount of the drug that we will cover.

SP: Specialty

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
atovaquone oral suspension	Generic	
BENZNIDAZOLE ORAL TABLET	Brand	QL
clindamycin hcl oral capsule 75 mg	Generic	
clindamycin pediatric oral recon soln	Generic	
CRESEMBA INTRAVENOUS RECON SOLN	Brand	QL
ethambutol oral tablet 100 mg	Generic	
isoniazid oral solution	Generic	
isoniazid oral tablet 300 mg	Generic	
ivermectin oral tablet	Generic	PA
linezolid oral suspension for reconstitution	Generic	QL
linezolid oral tablet	Generic	QL
PAXLOVID ORAL TABLETS,DOSE PACK	Brand	QL
pentamidine inhalation recon soln	Generic	
praziquantel oral tablet	Generic	
PRETOMANID ORAL TABLET	Brand	PA
PREVYMIS INTRAVENOUS SOLUTION	Brand	PA; QL
PRIFTIN ORAL TABLET	Brand	
pyrimethamine oral tablet	Generic	PA; QL
SIRTURO ORAL TABLET	Brand	PA
sulfamethoxazole-trimethoprim oral suspension	Generic	
sulfatrim oral suspension	Generic	
TEMBEXA ORAL SUSPENSION	Brand	
TEMBEXA ORAL TABLET	Brand	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg	Generic	
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
bexarotene oral capsule	Generic	PA; SP
bexarotene topical gel	Generic	PA; SP
cyclophosphamide oral capsule	Generic	
EMCYT ORAL CAPSULE	Brand	PA
ENSPRYNG SUBCUTANEOUS SYRINGE	Brand	
etoposide oral capsule	Generic	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
GAMIFANT INTRAVENOUS SOLUTION	Brand	
LANREOTIDE SUBCUTANEOUS SYRINGE	Brand	PA; QL
leucovorin calcium oral tablet	Generic	
MATULANE ORAL CAPSULE	Brand	
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)	Generic	
megestrol oral tablet	Generic	
melphalan oral tablet	Generic	
mercaptopurine oral tablet	Generic	
MESNEX ORAL TABLET	Brand	
nilutamide oral tablet	Generic	PA
NULOJIX INTRAVENOUS RECON SOLN	Brand	PA
octreotide acetate injection solution	Generic	SP
octreotide acetate injection syringe	Generic	SP
ONUREG ORAL TABLET	Brand	
RITUXAN INTRAVENOUS CONCENTRATE	Brand	PA; SP
RUXIENCE INTRAVENOUS SOLUTION	Brand	PA; SP
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	Brand	PA; SP; QL
tretinoin (antineoplastic) oral capsule	Generic	
TRUXIMA INTRAVENOUS SOLUTION	Brand	PA; SP
VIJOICE ORAL TABLET	Brand	PA; QL
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
acetaminophen oral solution 160 mg/5 ml (5 ml)	Generic	OTC
acetaminophen oral suspension 160 mg/5 ml (5 ml)	Generic	OTC
acetaminophen oral tablet	Generic	OTC
acetaminophen oral tablet extended release	Generic	OTC
acetaminophen pm extra str oral tablet	Generic	OTC
acetaminophen rectal suppository 650 mg	Generic	OTC
arthritis pain relief (acetam) oral tablet extended release	Generic	OTC
aspirin oral tablet,chewable	Generic	OTC
aspirin oral tablet,delayed release (dr/ec) 81 mg	Generic	OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
aspirin rectal suppository 300 mg	Generic	OTC
aspirin,buffd-calcium carb-mag oral tablet	Generic	OTC
bayer aspirin oral tablet	Generic	OTC
bayer aspirin oral tablet,delayed release (dr/ec)	Generic	OTC
children's acetaminophen oral liquid	Generic	OTC
children's acetaminophen oral suspension 160 mg/5 ml	Generic	OTC
children's acetaminophen oral tablet,chewable 160 mg	Generic	OTC
children's pain relief oral suspension	Generic	OTC
children's pain reliever oral suspension	Generic	OTC
DAYBUE ORAL SOLUTION	Brand	PA; QL
dichlorphenamide oral tablet	Generic	PA; SP; QL
EVRYSDI ORAL RECON SOLN	Brand	
feverall rectal suppository 650 mg	Generic	OTC
FEVERALL RECTAL SUPPOSITORY 80 MG	Brand	OTC
flanax (naproxen) oral tablet	Generic	OTC
infants' pain and fever oral suspension	Generic	OTC
i-prin oral tablet	Generic	OTC
lithium carbonate oral capsule	Generic	
lithium carbonate oral tablet	Generic	
lithium carbonate oral tablet extended release	Generic	
lithium citrate oral solution	Generic	
mapap (acetaminophen) oral capsule	Generic	OTC
mapap (acetaminophen) oral liquid	Generic	OTC
migraine relief oral tablet	Generic	OTC
NUEDEXTA ORAL CAPSULE	Brand	PA; QL
pyridostigmine bromide oral syrup	Generic	
pyridostigmine bromide oral tablet 60 mg	Generic	
pyridostigmine bromide oral tablet extended release	Generic	QL
SKYCLARYS ORAL CAPSULE	Brand	PA; QL
sleep aid (doxylamine) oral tablet	Generic	OTC
SODIUM OXYBATE ORAL SOLUTION	Brand	PA; SP; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
amiloride oral tablet	Generic	
amiloride-hydrochlorothiazide oral tablet	Generic	
bumetanide oral tablet	Generic	
CAMZYOS ORAL CAPSULE	Brand	
chlorthalidone oral tablet 25 mg, 50 mg	Generic	
CORLANOR ORAL SOLUTION	Brand	PA; QL
CORLANOR ORAL TABLET	Brand	PA; QL
digox oral tablet	Generic	
digoxin oral solution	Generic	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	Generic	
disopyramide phosphate oral capsule	Generic	
DIURIL ORAL SUSPENSION	Brand	
dofetilide oral capsule	Generic	
eplerenone oral tablet	Generic	
FILSPARI ORAL TABLET	Brand	PA; SP; QL
flecainide oral tablet	Generic	
FLOLAN INTRAVENOUS RECON SOLN	Brand	PA; SP
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	Generic	
furosemide oral tablet	Generic	
heparin (porcine) injection solution	Generic	
heparin, porcine (pf) injection solution 1,000 unit/ml	Generic	
hydralazine oral tablet	Generic	
hydrochlorothiazide oral capsule	Generic	
hydrochlorothiazide oral tablet	Generic	
indapamide oral tablet	Generic	
KERENDIA ORAL TABLET	Brand	
metolazone oral tablet	Generic	
metyrosine oral capsule	Generic	PA; SP
mexiletine oral capsule	Generic	
minoxidil oral tablet	Generic	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
pacerone oral tablet 200 mg	Generic	
pentoxifylline oral tablet extended release	Generic	
phenoxybenzamine oral capsule	Generic	PA
propafenone oral capsule,extended release 12 hr	Generic	
propafenone oral tablet	Generic	
spironolactone oral tablet	Generic	
torsemide oral tablet	Generic	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg	Generic	
veletri intravenous recon soln	Generic	PA; SP
VERQUVO ORAL TABLET	Brand	PA; QL
VYNDAMAX ORAL CAPSULE	Brand	PA; SP; QL
VYNDAQEL ORAL CAPSULE	Brand	PA; SP; QL
DERMATOLOGICALS/TOPICAL THERAPY		
banophen anti-itch topical cream	Generic	OTC
fluorouracil topical cream 5 %	Generic	
fluorouracil topical solution	Generic	
ionil t topical shampoo	Generic	OTC
lidocaine hcl-hydrocortison ac topical cream	Generic	
lidocort topical cream	Generic	
metronidazole topical cream	Generic	QL
podofilox topical solution	Generic	
salicylic acid topical lotion	Generic	
selenium sulfide topical lotion	Generic	QL
VALCHLOR TOPICAL GEL	Brand	PA; SP
XERAC AC TOPICAL SOLUTION	Brand	OTC
DIAGNOSTICS / MISCELLANEOUS AGENTS		
acetylcysteine intravenous solution	Generic	
anagrelide oral capsule	Generic	
ARALAST NP INTRAVENOUS RECON SOLN	Brand	PA
carglumic acid oral tablet, dispersible	Generic	PA
cevimeline oral capsule	Generic	
CHEMET ORAL CAPSULE	Brand	

Drug Name	Drug Tier	Requirements / Limits
CUVRIOR ORAL TABLET	Brand	PA; QL
droxidopa oral capsule	Generic	PA; SP; QL
EMPAVELI SUBCUTANEOUS SOLUTION	Brand	
GLASSIA INTRAVENOUS SOLUTION	Brand	PA
IMCIVREE SUBCUTANEOUS SOLUTION	Brand	PA; QL
INCRELEX SUBCUTANEOUS SOLUTION	Brand	PA; SP
JOENJA ORAL TABLET	Brand	PA; QL
levocarnitine oral tablet	Generic	
melatonin oral tablet 3 mg	Generic	OTC
METOPIRONE ORAL CAPSULE	Brand	
midodrine oral tablet	Generic	
nitisinone oral capsule	Generic	PA; SP
NITYR ORAL TABLET	Brand	PA; SP
ORFADIN ORAL CAPSULE 20 MG	Brand	PA
ORFADIN ORAL SUSPENSION	Brand	PA
pilocarpine hcl oral tablet	Generic	
PROLASTIN-C INTRAVENOUS RECON SOLN	Brand	PA
PROLASTIN-C INTRAVENOUS SOLUTION	Brand	PA
PYRUKYND ORAL TABLET	Brand	PA; QL
PYRUKYND ORAL TABLETS,DOSE PACK	Brand	PA; QL
REVCOVI INTRAMUSCULAR SOLUTION	Brand	PA
riluzole oral tablet	Generic	QL
SOLIRIS INTRAVENOUS SOLUTION	Brand	PA; SP
sps (with sorbitol) oral suspension	Generic	
tiopronin oral tablet	Generic	PA; SP
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	Brand	PA; SP
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	Brand	PA
ZOKINVY ORAL CAPSULE	Brand	PA; QL
EAR, NOSE / THROAT MEDICATIONS		
chlorhexidine gluconate mucous membrane mouthwash	Generic	
denta 5000 plus dental cream	Generic	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
dentagel dental gel	Generic	
fluocinolone acetonide oil otic (ear) drops	Generic	
fluoride (sodium) dental cream	Generic	
fluoride (sodium) dental solution	Generic	
sf 5000 plus dental cream	Generic	
sf dental gel	Generic	
triamcinolone acetonide dental paste	Generic	
ENDOCRINE/DIABETES		
ACTHAR INJECTION GEL	Brand	PA; SP; QL
AEROCHAMBER MINI SPACER	Brand	
AEROCHAMBER MV SPACER	Brand	
AEROCHAMBER PLUS FLOW-VU SPACER	Brand	QL
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER	Brand	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER	Brand	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER	Brand	
AEROCHAMBER PLUS Z STAT LG MSK SPACER	Brand	
AEROCHAMBER PLUS Z STAT MD MSK SPACER	Brand	
AEROCHAMBER PLUS Z STAT SM MSK SPACER	Brand	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	Brand	
AEROTRACH PLUS SPACER	Brand	
AEROVENT PLUS SPACER	Brand	
ALDURAZYME INTRAVENOUS SOLUTION	Brand	PA
BD VERITOR AT-HOME COVID19 TST KIT	Brand	OTC; QL
BINAXNOW COVID-19 AG SELF TEST KIT	Brand	OTC; QL
BREATHERITE MDI SPACER SPACER	Brand	
BREATHERITE SPACER-MASK, NEO. SPACER	Brand	
BREATHERITE SPACER-MASK,ADULT SPACER	Brand	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
BREATHERITE SPACER-MASK,CHILD SPACER	Brand	
BREATHERITE SPACER-MASK,INFANT SPACER	Brand	
BREATHERITE SPACER-MASK,S.CHLD SPACER	Brand	
BREATHERITE VALVED MDI CHAMBER SPACER	Brand	
BREATHERITE VALVED MDI SPACER SPACER	Brand	
cabergoline oral tablet	Generic	
CARESTART COVID-19 AG HOME TST KIT	Brand	OTC; QL
CAYA CONTOURED VAGINAL DIAPHRAGM	Brand	
CLEVER CHOICE CHAMBER-LRG MASK SPACER	Brand	
CLEVER CHOICE CHAMBER-MED MASK SPACER	Brand	
CLEVER CHOICE CHAMBER-SM MASK SPACER	Brand	
CLINITEST COVID-19 HOME TEST KIT	Brand	OTC; QL
COMPACT SPACE CHAMBER SPACER	Brand	
COMPACT SPACE CHAMBER-LRG MASK SPACER	Brand	
COMPACT SPACE CHAMBER-MED MASK SPACER	Brand	
COMPACT SPACE CHAMBER-SM MASK SPACER	Brand	
CORDX COVID-19 AG HOME TEST KIT	Brand	OTC; QL
CORTROPHIN GEL INJECTION GEL	Brand	PA; SP; QL
COVID-19 AT-HOME TEST KIT	Brand	OTC: QL
CRYSVITA SUBCUTANEOUS SOLUTION	Brand	PA; SP; QL
danazol oral capsule	Generic	
desmopressin nasal spray with pump	Generic	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	Generic	
dexamethasone sodium phosphate injection solution	Generic	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
diazoxide oral suspension	Generic	
EASIVENT HOLDING CHAMBER SPACER	Brand	
EASIVENT MASK LARGE DEVICE	Brand	
EASIVENT MASK MEDIUM DEVICE	Brand	
EASIVENT MASK SMALL DEVICE	Brand	
ELAPRASE INTRAVENOUS SOLUTION	Brand	PA
ELLUME COVID-19 HOME TEST KIT	Brand	OTC; QL
FABRAZYME INTRAVENOUS RECON SOLN	Brand	PA; SP
FASTEP COVID-19 AG HOME TEST KIT	Brand	OTC; QL
FEMCAP VAGINAL DEVICE	Brand	
FLEXICHAMBER-LG CHILD MASK DEVICE	Brand	
FLEXICHAMBER-SM ADULT MASK DEVICE	Brand	
FLEXICHAMBER-SM CHILD MASK DEVICE	Brand	
FLOWFLEX COVID-19 AG HOME TEST KIT	Brand	OTC: QL
GALAFOLD ORAL CAPSULE	Brand	PA; SP; QL
GENABIO COVID-19 RAPID AT-HOME KIT	Brand	OTC; QL
GOTOKNOW COVID-19 AG HOME TEST KIT	Brand	OTC; QL
IHEALTH COVID-19 AG HOME TEST KIT	Brand	OTC; QL
INDICAID COVID-19 AG HOME TEST KIT	Brand	OTC; QL
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	Brand	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN	Brand	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	Brand	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	Brand	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN	Brand	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	Brand	
INTELISWAB COVID-19 HOME TEST KIT	Brand	OTC; QL
ISTURISA ORAL TABLET 1 MG, 5 MG	Brand	PA; QL
JYNARQUE ORAL TABLET	Brand	
JYNARQUE ORAL TABLETS, SEQUENTIAL	Brand	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
KANUMA INTRAVENOUS SOLUTION	Brand	PA
KORLYM ORAL TABLET	Brand	PA; QL
LITE TOUCH-MEDIUM MASK DEVICE	Brand	
LITEAIRE MDI CHAMBER SPACER	Brand	
LITETOUCH-LARGE MASK DEVICE	Brand	
LITETOUCH-SMALL MASK DEVICE	Brand	
LUMIZYME INTRAVENOUS RECON SOLN	Brand	PA
MEPSEVII INTRAVENOUS SOLUTION	Brand	PA
MICROCHAMBER SPACER	Brand	
MICROSPACER SPACER	Brand	
NAGLAZYME INTRAVENOUS SOLUTION	Brand	PA
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING	Brand	PA; QL
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING	Brand	PA; QL
NOCTIVA NASAL SPRAY,NON-AEROSOL	Brand	
OPTICHAMBER ADULT MASK-LARGE DEVICE	Brand	
OPTICHAMBER DIAMOND LG MASK SPACER	Brand	
OPTICHAMBER DIAMOND VHC SPACER	Brand	
OPTICHAMBER DIAMOND-MED MSK SPACER	Brand	
OPTICHAMBER DIAMOND-SML MASK SPACER	Brand	
PALYNZIQ SUBCUTANEOUS SYRINGE	Brand	PA; SP; QL
PANDA MASK DEVICE	Brand	OTC
PEDIATRIC MEDIUM MASK DEVICE	Brand	OTC
PEDIATRIC PANDA MASK DEVICE	Brand	OTC
PEDIATRIC SMALL MASK DEVICE	Brand	OTC
PRIMEAIRE SPACER	Brand	
PROCHAMBER SPACER	Brand	
propylthiouracil oral tablet	Generic	
QUICKVUE AT-HOME COVID-19 TEST KIT	Brand	OTC; QL
RECORLEV ORAL TABLET	Brand	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
RITEFLO AEROCHAMBER SPACER	Brand	
sapropterin oral powder in packet	Generic	PA; SP
sapropterin oral tablet,soluble	Generic	PA; SP
SIDESTREAM PEDIATRIC FACE MASK DEVICE	Brand	OTC
SILICONE MASK - INFANT DEVICE	Brand	
SILICONE MASK - PEDIATRIC DEVICE	Brand	OTC
SOMAVERT SUBCUTANEOUS RECON SOLN	Brand	PA; SP; QL
SPACE CHAMBER SPACER	Brand	
SPACE CHAMBER WITH LARGE MASK SPACER	Brand	
SPACE CHAMBER WITH MEDIUM MASK SPACER	Brand	
SPACE CHAMBER WITH SMALL MASK SPACER	Brand	
SPEEDYSWAB COVID-19 HOME TEST KIT	Brand	OTC; QL
STRENSIQ SUBCUTANEOUS SOLUTION	Brand	PA
tolvaptan oral tablet	Generic	PA; SP; QL
triamcinolone acetonide injection suspension 40 mg/ml	Generic	
VIBRANT ORAL CAPSULE	Brand	PA; QL
VIBRANT STARTER KIT COMBO PACK	Brand	PA; QL
VIMIZIM INTRAVENOUS SOLUTION	Brand	PA
VORTEX ADULT MASK DEVICE	Brand	OTC
VOXZOGO SUBCUTANEOUS RECON SOLN	Brand	PA; SP; QL
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM	Brand	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM	Brand	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM	Brand	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM	Brand	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM	Brand	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM	Brand	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM	Brand	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM	Brand	
ZAVESCA ORAL CAPSULE	Brand	PA; SP; QL
GASTROENTEROLOGY		
acid gone antacid e.strength oral tablet,chewable	Generic	OTC
aluminum hydroxide gel oral suspension	Generic	OTC
antacid (calcium carb-mag hyd) oral tablet,chewable 550-110 mg	Generic	OTC
antacid anti-gas oral suspension 400-400-40 mg/5 ml	Generic	OTC
antacid exst (mag carb-al hyd) oral tablet,chewable	Generic	OTC
antacid m oral suspension	Generic	OTC
antacid maximum strength oral suspension	Generic	OTC
antacid plus anti-gas oral suspension	Generic	OTC
antacid regular strength oral suspension	Generic	OTC
antacid-antigas oral suspension 200-200-20 mg/5 ml	Generic	OTC
anti-diarrheal (loperamide) oral tablet	Generic	OTC
belladonna alkaloids-opium rectal suppository	Generic	PA; QL
betaine oral powder	Generic	PA; SP
bisacodyl oral tablet,delayed release (dr/ec)	Generic	OTC
BYLVAY ORAL CAPSULE	Brand	
BYLVAY ORAL PELLET	Brand	
children's pepto oral tablet,chewable	Generic	OTC
children's soothe oral tablet,chewable	Generic	OTC
clearlax oral powder	Generic	OTC
constulose oral solution	Generic	
cromolyn oral concentrate	Generic	
dicyclomine oral capsule	Generic	
dicyclomine oral solution	Generic	
dicyclomine oral tablet	Generic	
diphenoxylate-atropine oral tablet	Generic	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
docusate sodium oral liquid	Generic	OTC
docusate sodium oral syrup	Generic	OTC
docusate sodium oral tablet	Generic	OTC
enulose oral solution	Generic	
fiber (calcium polycarbophil) oral tablet	Generic	OTC
fiber laxative (ca polycarbo) oral tablet	Generic	OTC
fiber therapy (m-cell/sugar) oral powder	Generic	OTC
fiber therapy (m-cellulose) oral tablet	Generic	OTC
fiber-lax oral tablet	Generic	OTC
fiber-tabs oral tablet	Generic	OTC
FLEET BISACODYL RECTAL ENEMA	Brand	OTC
fleet enema rectal enema	Generic	OTC
gas relief 80 (simethicone) oral tablet,chewable	Generic	OTC
gas relief extra strength oral capsule	Generic	OTC
gas relief extra strength oral tablet,chewable	Generic	OTC
GATTEX 30-VIAL SUBCUTANEOUS KIT	Brand	PA; SP; QL
GATTEX 5 MG VIAL INNER, SUV, P/F	Brand	PA; SP
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Brand	PA; SP; QL
gavilax oral powder	Generic	OTC
gavilyte-c oral recon soln	Generic	
gavilyte-g oral recon soln	Generic	
glycerin (child) rectal suppository	Generic	OTC
glycopyrrolate oral solution	Generic	
glycopyrrolate oral tablet 1 mg, 2 mg	Generic	
heartburn antacid oral tablet,chewable	Generic	OTC
hemorrhoidal cream rectal cream	Generic	OTC
infants gas relief oral drops,suspension	Generic	OTC
kaopectate ex str (bismuth ss) oral suspension	Generic	OTC
konsyl sugar-free oral powder in packet	Generic	OTC
lactulose oral solution	Generic	
lidocaine hcl-hydrocortison ac rectal cream	Generic	
lidocaine-hydrocortisone-aloe rectal gel	Generic	
loperamide oral capsule	Generic	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
mag-al plus extra strength oral suspension	Generic	OTC
mag-al plus oral suspension	Generic	OTC
magnesium citrate oral solution	Generic	OTC
milk of magnesia oral suspension	Generic	OTC
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC)	Brand	PA; QL
PEDIA-LAX STOOL SOFTENER ORAL SYRUP	Brand	OTC
peg 3350-electrolytes oral recon soln	Generic	
peg-electrolyte soln oral recon soln	Generic	
pink bismuth oral suspension 262 mg/15 ml	Generic	OTC
pink bismuth oral tablet	Generic	OTC
pink bismuth oral tablet,chewable	Generic	OTC
polyethylene glycol 3350 oral powder	Generic	OTC
proctosol hc topical cream with perineal applicator	Generic	
senexon-s oral tablet	Generic	OTC
senna lax oral tablet	Generic	OTC
senna laxative oral tablet	Generic	OTC
senna oral syrup 8.8 mg/5 ml	Generic	OTC
senna oral tablet	Generic	OTC
senna plus oral tablet	Generic	OTC
senna-s oral tablet	Generic	OTC
sennosides oral syrup	Generic	OTC
simethicone oral tablet,chewable	Generic	OTC
sodium bicarbonate oral tablet	Generic	OTC
sucralfate oral suspension	Generic	
sucralfate oral tablet	Generic	
VOWST ORAL CAPSULE	Brand	PA; QL
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BESREMI SUBCUTANEOUS SYRINGE	Brand	PA; QL
BIVIGAM INTRAVENOUS SOLUTION	Brand	PA; SP
EGRIFTA SV SUBCUTANEOUS RECON SOLN	Brand	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	Brand	PA
GAMMAGARD LIQUID INJECTION SOLUTION	Brand	PA; SP
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN	Brand	PA; SP
GAMMAKED INJECTION SOLUTION	Brand	PA; SP
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION	Brand	PA; SP
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	Brand	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION	Brand	PA; SP
OCTAGAM INTRAVENOUS SOLUTION	Brand	PA; SP
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE	Brand	PA
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE	Brand	PA
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE	Brand	PA
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE	Brand	PA
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE	Brand	PA
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE	Brand	PA
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE	Brand	PA
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE	Brand	PA
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE	Brand	PA
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE	Brand	PA
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET	Brand	PA
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE	Brand	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET	Brand	PA
PRIVIGEN INTRAVENOUS SOLUTION	Brand	PA; SP
MUSCULOSKELETAL / RHEUMATOLOGY		
BENLYSTA INTRAVENOUS RECON SOLN	Brand	PA; SP
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	Brand	PA; SP; QL
BENLYSTA SUBCUTANEOUS SYRINGE	Brand	PA; SP; QL
D-PENAMINE ORAL TABLET	Brand	
leflunomide oral tablet 20 mg	Generic	
penicillamine oral capsule	Generic	PA
penicillamine oral tablet	Generic	PA
OBSTETRICS / GYNECOLOGY		
curae oral tablet	Generic	OTC
econtra ez oral tablet	Generic	OTC
levonorgestrel oral tablet	Generic	OTC
new day oral tablet	Generic	OTC
opcicon one-step oral tablet	Generic	OTC
tranexamic acid oral tablet	Generic	PA; QL
OPHTHALMOLOGY		
acetazolamide oral capsule, extended release	Generic	
acetazolamide oral tablet 250 mg	Generic	
artificial tears(pvalch-povid) ophthalmic (eye) drops	Generic	OTC
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS	Brand	
cyclopentolate ophthalmic (eye) drops 1 %	Generic	
GENTEAL TEARS SEVERE GEL OPHTHALMIC (EYE) GEL	Brand	OTC
lubricant eye drops ophthalmic (eye) dropperette	Generic	OTC
REFRESH CELLUVISC OPHTHALMIC (EYE) DROPPERETTE,GEL	Brand	OTC
REFRESH PLUS OPHTHALMIC (EYE) DROPPERETTE	Brand	OTC
SYSTANE GEL OPHTHALMIC (EYE) GEL	Brand	OTC
tropicamide ophthalmic (eye) drops	Generic	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
VUITY OPHTHALMIC (EYE) DROPS	Brand	PA; QL
XDEMVY OPHTHALMIC (EYE) DROPS	Brand	PA
ZIRGAN OPHTHALMIC (EYE) GEL	Brand	
RESPIRATORY AND ALLERGY		
12 hour nasal decongest (pse) oral tablet extended release	Generic	OTC
acetylcysteine solution	Generic	
aller-chlor oral tablet	Generic	OTC
allergy (chlorpheniramine) oral tablet	Generic	OTC
allergy oral liquid	Generic	OTC
allergy relief(chlorpheniramn) oral tablet	Generic	OTC
allergy-time oral tablet	Generic	OTC
benzonatate oral capsule 100 mg	Generic	
chest congestion-cough relief oral tablet	Generic	OTC
children's allergy (diphenhyd) oral liquid	Generic	OTC
children's cold-allergy (pe) oral solution	Generic	OTC
codeine-guaifen 10-100 mg/5 ml d/f (otc)	Generic	PA; AR; QL
CODEINE-GUAIFENESIN ORAL LIQUID 10-100 MG/5 ML	Brand	PA; AR; QL
cold and cough elixir oral solution	Generic	OTC
cold multi-symptom (chlorphen) oral tablet	Generic	OTC
cough dm er oral suspension,extended rel 12 hr	Generic	OTC
cyproheptadine oral syrup	Generic	
cyproheptadine oral tablet	Generic	
dextromethorphan polistirex oral suspension,extended rel 12 hr	Generic	OTC
dextromethorphan-guaifenesin oral syrup	Generic	OTC
diphedryl oral liquid	Generic	OTC
diphenhydramine hcl oral elixir	Generic	
diphenhydramine hcl oral tablet	Generic	OTC
endacof - dm oral solution	Generic	OTC
guaifen-codeine 100-10 mg/5 ml (otc)	Generic	PA; AR; QL
guaifenesin oral liquid	Generic	OTC
guaifenesin oral tablet	Generic	OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr	Generic	PA; AR; QL
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	Generic	PA; AR; QL
hydrocodone-homatropine oral tablet	Generic	PA; AR; QL
hydromet oral syrup	Generic	PA; AR; QL
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	Brand	
ibuprofen cold-sinus(with pse) oral tablet	Generic	OTC
KALYDECO ORAL GRANULES IN PACKET	Brand	PA; SP; QL
KALYDECO ORAL TABLET	Brand	PA; SP; QL
lohist - d oral liquid	Generic	OTC
nighttime cough oral solution	Generic	OTC
nighttime sleep aid (diphen) oral tablet	Generic	OTC
nohist-dm oral liquid	Generic	OTC
nohist-lq oral liquid	Generic	OTC
ORKAMBI ORAL GRANULES IN PACKET	Brand	PA; SP; QL
ORKAMBI ORAL TABLET	Brand	PA; SP; QL
promethazine vc-codeine oral syrup	Generic	PA; AR; QL
promethazine-dm oral syrup	Generic	
pseudoephedrine hcl oral tablet	Generic	OTC
pulmosal inhalation solution for nebulization	Generic	
PULMOZYME INHALATION SOLUTION	Brand	PA; SP; QL
rescon-gg oral liquid	Generic	OTC
rynex dm oral solution	Generic	OTC
rynex pe oral solution	Generic	OTC
rynex pse oral liquid	Generic	OTC
sinus 12 hour oral tablet extended release	Generic	OTC
sinus and allergy pe oral tablet	Generic	OTC
sinus congestion-pain(chlorph) oral tablet	Generic	OTC
sleep aid (diphenhydramine) oral tablet	Generic	OTC
sleep-tabs oral tablet	Generic	OTC
sudogest oral tablet 30 mg	Generic	OTC
suphedrin oral tablet	Generic	OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
suphedrine 12 hour oral tablet extended release	Generic	OTC
SYMDEKO ORAL TABLETS, SEQUENTIAL	Brand	PA; SP; QL
theophylline oral tablet extended release 12 hr	Generic	
theophylline oral tablet extended release 24 hr 400 mg	Generic	
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	Brand	PA; SP; QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL	Brand	PA; SP; QL
tussin chest congestion oral liquid	Generic	OTC
tussin dm clear oral syrup	Generic	OTC
tussin dm oral liquid 10-100 mg/5 ml	Generic	OTC
tussin dm oral syrup	Generic	OTC
tussin dm oral tablet	Generic	OTC
tussin mucus-chest congestion oral liquid	Generic	OTC
tussin oral tablet	Generic	OTC
UROLOGICALS		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg	Generic	
CYSTAGON ORAL CAPSULE	Brand	
cytra-2 oral solution	Generic	OTC
cytra-3 oral solution	Generic	OTC
cytra-k oral solution	Generic	OTC
ELMIRON ORAL CAPSULE	Brand	
pot,sodium citrate-citric acid oral solution	Generic	OTC
potassium citrate oral tablet extended release	Generic	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE	Brand	PA; SP; QL
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET	Brand	PA; SP; QL
sodium citrate-citric acid oral solution	Generic	OTC
VITAMINS, HEMATINICS / ELECTROLYTES		
antacid (calcium carbonate) oral tablet,chewable 200 mg calcium (500 mg)	Generic	OTC
antacid ext str (calcium carb) oral tablet,chewable	Generic	OTC
antacid extra-strength oral tablet,chewable	Generic	OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
antacid ultra strength oral tablet,chewable 400 mg calcium (1,000 mg)	Generic	OTC
ascorbic acid (vitamin c) oral capsule, extended release	Generic	OTC
ascorbic acid (vitamin c) oral tablet 1,000 mg	Generic	OTC
b complex-vitamin b12 oral tablet	Generic	OTC
b-12 dots oral tablet	Generic	OTC
calcium 500 + d oral tablet 500 mg-5 mcg (200 unit)	Generic	OTC
calcium 500 + d oral tablet,chewable	Generic	OTC
calcium antacid oral tablet,chewable	Generic	OTC
calcium carbonate oral suspension	Generic	OTC
calcium carbonate-vitamin d3 oral tablet 250 mg-3.125 mcg (125 unit), 600 mg-10 mcg (400 unit), 600 mg-5 mcg (200 unit)	Generic	OTC
calcium citrate-vitamin d3 oral tablet 315 mg-6.25 mcg (250 unit)	Generic	OTC
calcium-folic acid-vitamin d oral wafer	Generic	OTC
CHOLECALCIFEROL (VITAMIN D3) ORAL CAPSULE 1,250 MCG (50,000 UNIT)	Brand	OTC
cholecalciferol (vitamin d3) oral capsule 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)	Generic	OTC
cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml)	Generic	OTC
cholecalciferol (vitamin d3) oral tablet 125 mcg (5,000 unit)	Generic	OTC
cyanocobalamin (vitamin b-12) injection solution	Generic	
cyanocobalamin (vitamin b-12) oral tablet 1,000 mcg	Generic	OTC
cyanocobalamin (vitamin b-12) oral tablet extended release 1,000 mcg	Generic	OTC
cyanocobalamin (vitamin b-12) sublingual tablet 2,500 mcg	Generic	OTC
daily multi-vitamin oral tablet	Generic	OTC
daily vitamin formula oral tablet	Generic	OTC
daily vitamin formula-iron oral tablet	Generic	OTC
DIALYVITE 3000 ORAL TABLET	Brand	OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
DIALYVITE 800 WITH IRON ORAL TABLET	Brand	OTC
dialyvite oral tablet	Generic	OTC
dodex injection solution	Generic	
d-vi-sol oral drops	Generic	OTC
effer-k oral tablet, effervescent 25 meq	Generic	
ferrous sulfate oral drops	Generic	OTC
FISH OIL ORAL CAPSULE 1,000 MG (120 MG-180 MG)	Brand	OTC
fluoride (sodium) oral drops	Generic	OTC
fluoride (sodium) oral tablet,chewable	Generic	OTC
folic acid oral tablet 1 mg	Generic	
GALZIN ORAL CAPSULE	Brand	PA
klor-con 10 oral tablet extended release	Generic	
klor-con 8 oral tablet extended release	Generic	
klor-con m10 oral tablet,er particles/crystals	Generic	
klor-con m15 oral tablet,er particles/crystals	Generic	
klor-con m20 oral tablet,er particles/crystals	Generic	
klor-con oral packet	Generic	
klor-con/ef oral tablet, effervescent	Generic	
k-phos-neutral oral tablet	Generic	OTC
l-methylfolate oral tablet 7.5 mg	Generic	OTC
MAGNEBIND 400 ORAL TABLET	Brand	OTC
magnesium oxide oral tablet 200 mg magnesium, 250 mg magnesium, 400 mg (241.3 mg magnesium), 400 mg magnesium, 500 mg	Generic	OTC
multi complete with iron oral tablet	Generic	OTC
multiple vitamins oral tablet	Generic	OTC
multi-vit with fluoride-iron oral drops	Generic	OTC
multivitamin oral tablet	Generic	OTC
nephplex rx oral tablet	Generic	OTC
one daily men's 50 plus memory oral tablet	Generic	OTC
one daily multivitamin oral tablet	Generic	OTC
one daily women's health oral tablet	Generic	OTC
one-a-day teen advantage oral tablet 18-400 mg-mcg	Generic	OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
oysco 500/d oral tablet	Generic	OTC
oyster shell + d3 oral tablet	Generic	OTC
oyster shell calcium 500 oral tablet	Generic	OTC
oyster shell calcium-vit d3 oral tablet 500 mg-5 mcg (200 unit)	Generic	OTC
phospha 250 neutral oral tablet	Generic	OTC
potassium chloride oral packet	Generic	
potassium chloride oral tablet extended release 10 meq, 8 meq	Generic	
potassium chloride oral tablet,er particles/crystals 15 meq	Generic	
pyridoxine (vitamin b6) oral tablet 100 mg	Generic	OTC
renal caps oral capsule	Generic	OTC
reno caps oral capsule	Generic	OTC
sodium chloride intravenous parenteral solution 4 meq/ml	Generic	
thera oral tablet	Generic	OTC
thiamine hcl (vitamin b1) oral tablet 100 mg	Generic	OTC
triphrocaps oral capsule	Generic	OTC
tri-vitamin with fluoride oral drops	Generic	OTC
tri-vite with fluoride oral drops	Generic	OTC
tums ultra oral tablet,chewable 400 mg calcium (1,000 mg)	Generic	OTC
vitamin a oral capsule 3,000 mcg (10,000 unit)	Generic	OTC
vitamin b complex oral capsule	Generic	OTC
vitamin b complex oral tablet	Generic	OTC
vitamin b-1 (mononitrate) oral tablet	Generic	OTC
vitamin b-1 oral tablet 250 mg, 50 mg	Generic	OTC
vitamin b-12 oral tablet 500 mcg	Generic	OTC
vitamin b-12 oral tablet extended release	Generic	OTC
vitamin b-2 oral tablet 100 mg, 25 mg	Generic	OTC
vitamin c oral tablet 1,000 mg, 250 mg	Generic	OTC
vitamin c oral tablet extended release 500 mg	Generic	OTC
vitamin d3 oral tablet 10 mcg (400 unit), 50 mcg (2,000 unit)	Generic	OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
vitamin e (dl, acetate) oral capsule 180 mg (400 unit), 450 mg (1,000 unit)	Generic	OTC
vitamin e oral capsule 268 mg (400 unit)	Generic	OTC
vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml	Generic	OTC
vitamins b complex oral tablet	Generic	OTC

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Your managed care plan may not cover all your health care expenses. Read your member handbook carefully to determine which health care services are covered.

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